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07/04

**Office Use Only**

Time:

Test Score:

**NURSE AIDE WRITTEN EXAMINATION SELF-REGISTRATION FORM**

Please make sure you indicate the city and date you wish to take the exam from the Schedule of State Exams. Please return this form to: **Department of Health & Human Services Regulation and Licensure, Credentialing Division, PO Box 94986, Lincoln, NE 68509-4986 or Fax to 402-471-1066.** If the exam date is scheduled within the next two weeks, please fax this registration form. Confirmation of registration and time of exam will be by letter or telephone call. (If faxing, please copy on white paper as the orange paper does not fax well.) Please call our office at 402-471-4364 if you don't receive confirmation of your registration.

EXAMINATION SITE: \_\_\_\_\_

EXAMINATION DATE: \_\_\_\_\_

Name  
(First, M. Initial, Last)

SS #:

Date of  
Birth

(Leave Blank)

\_\_\_\_\_

Home Mailing Address

City

State

Zip

( )  
Home Telephone #